PATE	iteduction act of 1995, no pa IT APPLICATION I Substitute	EE DETERMINA	pore to a confession a	of Trademark C information on	Mce: U.S.	DEPARTMEN	LOLCOME
-	Substitute	for Form PTO-875	HON RECORD		M	agodos Opapes	Aborder
	LAIMS AS FILED - P	ART			19-	109	204
	(Cotume 1)	(Cotumn 2)	eni.	ENTITY:	•	· OTH	ER THAN
. FOR	MANBER FILED	MANBER EXTRA	7	ENTITY.	OR T	SMAL	L ENTITY
37 CFR 1,14(a)2		- TOTAL EXTRA	RATE	FEE		RATE	.:
OTAL CLARIS 7 CFR 1.15(d)	-2		┥┝──		OR	INTE	FEE
DEPENDENT CLAIMS	minus 20 •		_ Lו•			<u> </u>	
	minus 3 e	•	xs .		OR	<u> </u>	
MEATURE DEPENDENT CLASS PRESENT (3) CFR 1.18649			7	╂╼┯┪	OR	45	
i the difference in column	is less than zero, enter 'O'	hone	J [**		OR .	•••	
			TOTAL]	OR `	TOTAL	<u> </u>
	AS AMENDED - PA	RTU			-		
	mn 1} (Co	furnn_2) (Column 3)	•				
PA / REM	UNIS HIG	ØST /	SAKALL EN	ППУ	OR	OTHER SMALL E	THAN
MARKETTO OF AS	PREVI	REER PRESENT	RATE	ADÓL	E		
(3) CR LINGS	Minus " /	FOR	-	FEE	I	RATE	ADDI- TIONAL
processing .	Minus 100	0	1,25.		_	-	FEE
	/ /	3 1.	x 1/00			50.	
THE COURT OF STATE OF					R T	200.	
	•		TOTAL			3/0.	_ 7
(Cokern)		m 21	ADD'L FEE	a	TO!	TAL DI FEÉ	
CLAIM	HIGHE	51			. ,	\ <u> </u>	
AMERONI	PREVIOU	ary extra	RATE A	001-		7	
I OFR LINE	Minus - OC	R .	1 76	HUL	1 "	. \ 1	ONAL
dependent ICSA I ARRES	Minus		×125	7 00	1		FEE
	_1.1.3	1 1	x = 100=		V		<u></u>
RET PRESENTATION OF MUL	TATE CENERODAL CTAIN (I	7 CFR 1.10(4)	·BO	OR OR	1:2		
•			TOTAL	OR OR		2.	$\setminus 1$
(Cotumn 1)	(Cotumn 2	_	DOL FEE	_ √	VOOT !	FEE	A
CLABAS	PEGHEST			`	¥	·	—⋠.
AFTER	PREVIOUS	PRESENT EXTRA	RATE ADDI				
interest -	Minus - C)	+	TON	4	RATI	Tiok	il I
enders R 1.50pp	Minus -	1216	25.	7 : 1		FEE	
	1 ()		100.	7 - 1	x:50		∴
T PRESENTATION OF MULTIPLE	E DEPENDENT CLAM OF C		180	- OR	x : Zo	<u> </u>	
			и .	-∫ ∞≈ [+ 34	21	7
entry in column 1 is less the "Highest Number Previous	n the entry in column - will	ADI	T. FEE		TOTAL		-

If the entry in column 1 is less than the entry in-columin?; write 'V' in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the U.S. I.22 and 37 CFR 1.14. This collection is suffersted to inter the public which is to file (and by the including pathering, preparing, and submitting the completed application form to the USPTO. There will vary depending upon the included case. Any comments on the amount of time you require to complete in form and/or suppositions for reducing this binder, should be sent to the Crief Information Officer, U.S. Department of Commence, P. O., Box 1450, Abstrance, VA 22313-1450.

ADDRESS, SEND TO: Commissioner for Patents, P.O., Box 1459, Abstrance, VA 22313-1450.

nce in completing the form, call 1-800-PTQ-9199 and select aplica 2.